

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6718

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name GARY M JUENGER

P.O. Box, Bldg., Room No., if any

Street 632 LAKEFIELD DR.

City COLUMBIA

State IL ZIP Code + 4 62236

4. Name, file number, and address of labor organization.

Name BRICKLAYERS LOCAL NO. 1 OF MO.

Labor Organization File Number 020-915

P.O. Box, Building and Room Number, if any

Street 2000 MARKET STREET

City ST. LOUIS

State MO ZIP Code + 4 63103-2281

5. Position in labor organization.

RECORDING SECRETARY

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name DON GRANT

Trade Name, if any: GRANT BRICKLAYING

P.O. Box, Bldg., Room No., if any

Street 447 MERUS CT.

City FENTON

State MO. ZIP Code + 4 63188

7.a. Nature of interest, Transaction, or Income.

ALL EMPLOYEES AND PAST EMPLOYEES
INVITED TO CARDINAL BASEBALL
GAME AT BUSCH STADIUM JUNE 04
30-40 PEOPLE IN ATTENDANCE

7.b. Amount.

\$78.00 TICKET

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gary Juenger

On

7-22-05

Date

(314) 241-7661

Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

INSTALLATION OF MCA OFFICERS
DINNER DANCE. COMPLIMENTARY
TICKETS. JANUARY 24th 2004

7.b. Amount.

\$ 175.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Amy Juenger

On

7-22-05

Date

(314) 241-7661

Telephone Number

Name of Person Filing	GARY JUENGER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>WELFARE FUND BRICKLAYERS LOCAL NO. 1 OF MO.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2000 MARKET STREET</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>63103-2281</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u></u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>							
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>COMMERCE BANK</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>8000 FORSYTH</u></p> <p>City <u>CLAYTON</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>63105</u></p>	<p>14.a. Nature of payment.</p> <table><tr><td>7/9/04</td><td>GOLF AND LUNCH</td><td>101.00</td></tr><tr><td>11/23/04</td><td>HOLIDAY HAM CERTIFICATE</td><td>50.00</td></tr></table>	7/9/04	GOLF AND LUNCH	101.00	11/23/04	HOLIDAY HAM CERTIFICATE	50.00
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11/23/04	HOLIDAY HAM CERTIFICATE	50.00					
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>151.00</u></p>						

Name of Person Filing <u>GARY JUENGER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WELFARE FUND BRICKLAYERS
LOCAL NO. 1 OF MO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2000 MARKET STREET

City ST. LOUIS

State MO. ZIP Code + 4 63103-2281

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ING INVESTMENT MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10 STATE HOUSE SQUARE SH 13

City HARTFORD

State CT. ZIP Code + 4 06103-3607

14.a. Nature of payment.

8/25/04 GOLF AND LUNCH 84.38

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

84.38